



Confidential Emergency Form

Student Name _____ Birthdate: ____/____/____

Grade _____ Homeroom Teacher _____

1. FEMALE legal parent/guardian: _____

MALE legal parent/guardian: _____

Is there anything concerning the custody of your child about which the school should know so as to prevent inappropriate sharing of records or picking up your child, etc? YES NO

if yes, explain- _____

It is the parent's responsibility to keep the school informed of changes in custody status by leaving copies of legal documents on file in the school office.

2. HOME ADDRESS: _____

TOWN/CITY: _____ ZIP: _____

3. HOME PHONE: (____) _____

FEMALE: Work: (____) _____ Cellular: (____) _____

MALE: Work: (____) _____ Cellular: (____) _____

4. FAMILY PHYSICIAN: _____ PHONE: _____

5. FAMILY DENTIST: _____ PHONE: _____

6. In case of injury/illness, please list three substitute parents to contact if legal parent/guardians are unavailable:

NAME: _____ Relationship: _____ Phone: _____

NAME: _____ Relationship: _____ Phone: _____

NAME: _____ Relationship: _____ Phone: _____

7. If emergency care is immediately needed for illness/injury in the absence of parents/guardian or sub-parents, the school officials will use their own judgement in sending the student to the most expedient medical facility/doctor. Please list preference as appropriate:

Ambulance: _____

Hospital: _____

8. Please list other aspects of your student's health or living situation for us to be aware of such as all PAST, present conditions, problems, and special needs:

9. List any ALLERGIES (food, medication, other): _____

10. Is your student on regular medication? YES NO

What medication? _____

What time? _____

***NO MEDICATION can be administered during school hours. The school must be called prior to any medication administration. Arrangements for exceptions can then be made by completing the appropriate permission form and providing the school with both the medication and written physician instructions (prescription). This includes sports, all school events, and field trips. This is our school policy.

11. If your child has a health condition which you feel the bus driver, coach, or school officials need to know, the parent/legal guardian must inform them personally in writing.

Parents are responsible to update the above information for any/all changes during the school year.

Parent/Legal Guardian Name (please print) _____

SIGNATURE LEGAL PARENT/GUARDIAN _____ DATE: _____